

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$51.70 for dates of service, 11/14/01 and 11/15/01.
- b. The request was received on 02/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. Initial Submission of TWCC-60
 1. TWCC 66a
 2. EOB(s)
 - b. Additional documentation requested and received on 06/10/02
 1. TWCC 66a
 2. EOB(s)
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:

Based on Commission Rule 133.307 (g) (4) , the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 05/24/02. There is no initial response nor is there is a 14-day response from the Carrier in the file. A "No Response Found" from the Carrier is reflected in Exhibit II.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/20/02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 06/21/02. There is no initial response nor is there is a 14-day response from the Carrier in the file. A "No Response Found" from the Carrier is reflected in Exhibit II.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No position statement
2. Respondent: No position statement

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are 11/14/01 and 11/15/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$204.53 for services rendered on the above dates in dispute.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$152.83 for services rendered on the above dates in dispute.
5. The Carrier's EOB does not include a payment exception codes as required in Rule 133.304 (c). Therefore, this dispute will be reviewed as a "F" denial.
6. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
11/14/01 11/15/01	Hydrocodone Celebrex	\$35.93 \$168.60	\$10.19 \$142.64	F F	No MAR	MFG; Pharmacy GR; TWCC Rule 133.304 ©	The Carrier's EOB does not indicate the payment exception code as required in Rule 133.304. Additionally, no initial or 14 day response from the Carrier is found in the file. The Provider has submitted documentation to support services as rendered; therefore, additional reimbursement of \$51.70 is recommended.
Totals		\$204.53	\$152.83				The Requestor is entitled to reimbursement in the amount of \$51.70 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$51.70 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 11th day of September 2002.

Denise Terry, R.N.
Medical Dispute Resolution Officer
Medical Review Division
DT/dt